



Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number::	10/661,800
Filing Date::	09/12/03
Application Type::	Utility
Subject Matter::	Utility
Title::	Cam Operated Jaw Force Intensi- fier for Gripping a Cylindrical Member
Attorney Docket Number::	1814-19001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	12
Small Entity?::	No
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No

APPLICANT INFORMATION

Applicant Authority type::	Inventor
Primary Citizenship Country::	Canadian
Status::	Full Capacity
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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23505

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23505

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/410,239	09/12/2002

ASSIGNEE INFORMATION

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/661,800	
	Filing Date	09/12/2003	
	First Named Inventor	Jaroslav Belik	
	Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	1814-19001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet; and acknowledgment post card
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gregory L. Maag, PTO Reg. No. 32,363 CONLEY ROSE, P.C.
Signature	
Date	12/23/03

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Typed or printed name	Ella R. Sisco		
Signature		Date	12/23/03

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